24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
	0
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination
. , ,	09 13 2014
Mailing Address 1199 N Fairfax St	Amount
Ste 220	10007.06
City State Zip Code Alexandria VA 22314-1437	10067.06 Transaction ID: VN7GD9V8ZX3
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	Date of Disbursement or Obligation
Nove of Fodoril Confide	
William S. Southerland Support Office Oppose	President Senate State: FL
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 322307.83 2014	Other (specify) ▶
Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination
Mailing Address 1199 N Fairfax St	09 13 2014
Ste 220	Amount
City State Zip Code	8269.78
Alexandria VA 22314-1437	Transaction ID : VN7GD9VCWM8 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: X House District: 02
William S. Southerland Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	18336.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBICIAL OF OTHERWIZED INDEPENDENCE Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	9 15 2014
Signature	